

FILED AUG 8 1944
 Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 789

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Meth. Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Atchison 999
 (c) City or town Essingham 14
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME William Robert Donnellon

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

20. DATE OF DEATH: Month July day 21
 year 1944 hour 1 minute 8 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Billie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 25 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
 19____ to July 21st 1944
 that I last saw him alive on July 21 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>26</u>	_____ hr. _____ min.

Immediate cause of death Arteriosclerosis of lungs
Due to Chronic Myocarditis
 Due to Hernia Operation

Duration
2 days

9. Birthplace hancaster Kans
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Due to _____
 Due to _____

10. Usual occupation Hardware Merchant

Major findings: Bilateral ing. Hernia
 Of operations _____
 Of autopsy None

11. Industry or business _____
 12. Name John Donnellon
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary J.
 15. Birthplace Penna
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Eva Carson
 (b) Address Essingham Kans
 17. (a) Removal (b) Date thereof 7-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Atchison, Kans
 18. (a) Signature of funeral director Fleeman & son Inc
 (b) Address St Joseph, Mo
 19. (a) 7/21/44 (b) Nelson J. Pickle
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury
 23. Signature Paul Jorgensen (M. D. or other) _____
 Address St Joseph, Mo Date signed 7-29-44

NOV 20 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. 3308
P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.